

PRIOR AUTHORIZATION APPROVAL LETTER

Date: January 15, 2024

Case ID: PA-2024-001

AUTHORIZATION APPROVED

Dear Dr. Sarah Johnson,

This letter confirms that the prior authorization request has been APPROVED for the following patient and procedure:

PATIENT INFORMATION

Name: John Smith

Member ID: INS123456789

Date of Birth: 03/15/1975

Insurance: Gold Status - Premium Coverage

AUTHORIZED PROCEDURE

Procedure: MRI Brain with Contrast

CPT Code: 70553

Diagnosis: Headache with neurological symptoms

ICD-10 Code: G44.1

Approved Amount: \$2,500.00

AUTHORIZATION DETAILS

Authorization Number: AUTH-2024-001

Effective Date: January 15, 2024

Expiration Date: April 15, 2024

Number of Services Authorized: 1

Priority Level: HIGH

Processing Method: AUTOMATED APPROVAL

CLINICAL JUSTIFICATION

This authorization was approved based on:

- Clinical guidelines review: PASSED
- Medical necessity criteria: MET
- Insurance coverage verification: CONFIRMED
- Gold status benefits: ACTIVE

This is an automated approval letter generated by the Intelligent Prior Authorization System (IPAS).

For questions or appeals, please contact Member Services at 1-800-XXX-XXXX.

Provider Services: 1-888-XXX-XXXX | Fax: 1-877-XXX-XXXX